

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Wireless

218 281
1998-89 C

CERTIFICATED COMPANY INFORMATION

U.S. TELECOM LONG DISTANCE, INC.

Company Name		FEIN/SSN
		(888) 299-6618
Dba/fka		Telephone #
Mailing Address		
<small>U.S. TELECOM LONG DISTANCE, INC. 3960 HOWARD HUGHES PKWY. #5001-F LAS VEGAS, NV 89109</small>		
City, State, Zip Code		
Business Location		
City, State, Zip Code		County

REGISTERED AGENT INFORMATION

Registered Agent: _____

Mailing Address: _____

City, State, Zip Code: _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

Robert Young

- A. **General Manager** (Include Address if different than above)
- _____
 Telephone Number / Facsimile Number / E-mail Address

Robert Young

- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
- _____
 Telephone Number / Facsimile Number / E-mail Address

Robert Young

- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
- _____
 Telephone Number / Facsimile Number / E-mail Address

- C2. **Customer Contact** (Toll Free Number)
- _____

Robert Young

- D. **Engineering Operations** (Include Address if different than above)
- _____
 Telephone Number / Facsimile Number / E-mail Address

RECEIVED
 JUL 31 2009
 PSC SC
 DOCKETING DEPT.

Robert Young

E. Test and Repair (Include Address if different than above)

(800) 680-1120 /
Telephone Number / Facsimile Number / E-mail Address

Robert Young

F. Emergencies (During Non-Office Hours)

(800) 680-1120 /
Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Regulatory Officer (Include Address if different than above) **(949) 798-7020**

ALLISON BLOOM /
Telephone Number / Facsimile Number / E-mail Address

Robert Young

H. Dual Party Mailings (Name)

(Mailing Address)
(800) 680-1120 /
Telephone Number / Facsimile Number / E-mail Address

Robert Young

I. Interim LEC Fund Mailings (Name)

(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

ALLISON BLOOM

J. Universal Service Fund Mailings (Name)

(Mailing Address)
(949) 798-7020 /
Telephone Number / Facsimile Number / E-mail Address

ALLISON BLOOM

K. Gross Receipts Mailings (Name)

(Mailing Address)
(949) 798-7020 /
Telephone Number / Facsimile Number / E-mail Address

Robert Young

This form was completed by

President

Title

Signature

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201